PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450

or Fax

(571) 273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590

08/02/2005

Peter K. Skiff, Esq. BURNS, DOANE, SWECKER & MATHIS, L.L.P. P.O. Box 1404 Alexandria, VA 22313-1404

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name) (Signature) (Date)

CONFIRMATION NO. ATTORNEY DOCKET NO. FIRST NAMED INVENTOR APPLICATION NO. FILING DATE 9479 021238-478 Ping Li 09/942,881 08/31/2001

TITLE OF INVENTION: OXIDANT/CATALYST NANOPARTICLES TO REDUCE CARBON MONOXIDE IN THE MAINSTREAM SMOKE OF A CIGARETTE

				•				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION F	ÆE	TOTAL F	EE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$300	· · · ·	\$1	700	11/02/2005
EXAMINER		ART UNIT		CLASS-SUBCLA	ss			
MAYES, DIONNE WALLS		1731		131-334000				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The ended indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 1 Buchanan Ingersoll P Including attorneys Burns, Doane Swecker Mathis					
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for								
recordation as set forth i	n 37 CFR 3.11. Completion	of this form is NO	T a substitute	for filing an assignme	mt 1/03/2	005 MBEYE	NE2 000000	18 09942881
(A) NAME OF ASSIGN	NEE	(E) RESIDEN	CE: (CITY and STATI	E OR COU 01 FU:1 02 FC:1	NTRY) 501 504		1400.00 OP 300.00 OP 33.00 OP
Please check the appropriate assignee category or categories (will not be printed on the patent):								
4a. The following fee(s) are	e enclosed:	41	o. Payment of	• •				
Issue Fee A check in the amount of the fee(s) is enclosed.								
Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached.								
Advance Order - # o	of Copies 11		The Dir Deposit Acc	ector is hereby author count Number 02-	ized by cha 4800	arge the req (en	uired fee(s), o close an extra	or credit any overpayment, to copy of this form).
	s (from status indicated above SMALL ENTITY status. See		☐ b. Appli	cant is no longer claim	ning SMAL	L ENTITY	status. See 37	CFR 1.27(g)(2).
NOTE: The Issue Fee and	is requested to apply the Iss Publication Fee (if required) cords of the United States Pat	will not be accepte	a irom anvon	ny) or to re-apply any se other than the applic	previously ant; a regis	paid issue f tered attorne	ee to the appli ey or agent; or	cation identified above. the assignee or other party in
Authorized Signature _	John W. SV	We		_ Da	ate No	vember	1, 200	5
Typed or printed name	Peter K. Skiff		,	_ Re	gistration l	No	31,917	

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.